

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, September 21, 2018 at the hour of 10:00 A.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chair Gugenheim called the meeting to order.

Present: Chair Ada Mary Gugenheim and Directors Mary Driscoll, RN, MPH and Layla P. Suleiman Gonzalez, PhD, JD (3)

Board Chair M. Hill Hammock (ex-officio) and Director Emilie N. Junge

Patrick T. Driscoll, Jr. (non-Director Member)

Absent: None (0)

Additional attendees and/or presenters were:

Claudia Fegan, MD – Chief Medical Officer

Amanda Grasso – Director of Business

Intelligence

Valerie Hansbrough, MD – Provident Hospital of Cook County

Trevor Lewis, MD – John H. Stroger, Jr. Hospital of Cook County

Jeff McCutchan –General Counsel

Deborah Santana – Secretary to the Board

John Jay Shannon, MD – Chief Executive Officer

Sonya Watkins - System Director, Regulatory Affairs and Accreditation

Ronald Wyatt, MD – Chief Quality Officer

II. Public Speakers

Chair Gugenheim asked the Secretary to call upon the registered public speakers.

The Secretary responded that there were none present.

III. Report from Chief Quality Officer

A. Regulatory and Accreditation Updates (Attachment #1)

Dr. Ronald Wyatt, Chief Quality Officer, and Sonya Watkins, System Director of Regulatory Affairs and Accreditation, provided an overview of the regulatory update, which included information on the following subjects:

- Stroger Hospital and affiliated community health centers – The Joint Commission (TJC) Survey
- Organizational Strengths
- Summary of Standard Findings
- Condition of Participation
- Post Survey Process
- Overall Plan of Correction
- Organizational Response

Following the review of the information, Dr. John Jay Shannon, Chief Executive Officer, thanked Dr. Wyatt, Ms. Watkins and all staff for their efforts to prepare for the survey and continuing work to remain in a state of continued readiness. Board Chair Hammock recommended that the Board spend time reviewing and discussing this information at their meeting next week.

III. Report from Chief Quality Officer (continued)

B. Metrics (Attachment #2)

Dr. Wyatt provided an overview of the metrics. The Committee reviewed and discussed the information. Additionally, he provided a sample of the draft dashboard of metrics that is currently being created and refined (included in Attachment #2).

During the discussion of the Stroger Hospital safety measure on falls with injury, Director Driscoll inquired whether root cause analyses are done when these occur. Dr. Wyatt responded that he was not certain, but will take a closer look at that.

During the review of the draft dashboard, Director Driscoll requested that when the Committee receives this type of safety information, they should also receive information on what the organization is doing to move towards zero events occurring. Information should include whether root cause analyses have been done and the outcomes of those analyses, and what the corrective action plan is.

During the review of the measure on Depression Screening Referral Management, it was noted that the graph will be revised to a more reader-friendly version.

Director Driscoll requested that, from time to time, the Committee receive a deeper dive into the major quality initiatives of the different clinical departments and other areas. Additionally, she reiterated her request made at a previous meeting to receive copies of the minutes of the hospitals' internal quality committee meetings. Dr. Shannon indicated that he will work to determine the best way to address her request regarding the internal quality committee meeting minutes.

Director Junge requested that the Committee begin receiving regular reports of quality indicators for the correctional area. Dr. Shannon noted that the Committee had sporadically received those reports in the past; at that time, because it involved the subject of litigation, reporting was limited.

Director Suleiman Gonzalez recommended that a schedule and plan for the year be developed for deep dive presentations as referred to earlier in the meeting by Director Driscoll. Additionally, given that the organization is in the process of completing the activities relating to the survey by representatives of TJC, the Committee should continue to monitor the status of matters that emerged from the survey until the Committee sees the progress needed to meet compliance.

IV. Action Items

A. Approve appointments and reappointments of Stroger Hospital Department Chair(s) and Division Chair(s) (Attachment #3)

Dr. Shannon provided an overview of the proposed initial appointment of the following Stroger Hospital Division Chair:

Name	Department/Appt Term	Title
Victoria Alagiozian-Angelova, MD	Pathology 07/27/2018 – 07/26/2020	Division Chair of Hematopathology

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the proposed initial appointment of the Stroger Hospital Division Chair. THE MOTION CARRIED UNANIMOUSLY.

IV. Action Items (continued)

B. Executive Medical Staff (EMS) Committees of Provident Hospital of Cook County and John H. Stroger, Jr. Hospital of Cook County

- i. Receive reports from EMS Presidents
- ii. Approve Medical Staff Appointments/Re-appointments/Changes (Attachment #4)

Dr. Trevor Lewis, President of the EMS of John H. Stroger, Jr. Hospital of Cook County, presented his report. He stated that, at this month's EMS meeting, they reviewed presentations by the Division of Infectious Diseases and the Medical Records Committee. He noted that staff continues to make progress with completion of their Comprehensive Medical History and Physical Assessments in a timely manner.

Dr. Valerie Hansbrough, President of the EMS of Provident Hospital of Cook County, presented her report. She stated that staff are continuing to focus on increasing numbers in ambulatory care and the operating room.

Director Suleiman Gonzalez, seconded by Director Driscoll, moved to approve the Medical Staff Appointments/Re-appointments/Changes for John H. Stroger, Jr. Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to approve the Medical Staff Appointments/Re-appointments/Changes for Provident Hospital of Cook County. THE MOTION CARRIED UNANIMOUSLY.

C. Minutes of the Quality and Patient Safety Committee Meeting, August 24, 2018

Director Driscoll, seconded by Director Suleiman Gonzalez, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of August 24, 2018. THE MOTION CARRIED UNANIMOUSLY.

D. Any items listed under Sections IV and V

V. Closed Meeting Items

- A. Medical Staff Appointments/Re-appointments/Changes
- B. Litigation Matter(s)
- C. Matters protected under the federal Patient Safety and Quality Improvement Act of 2005 and the Health Insurance Portability and Accountability Act of 1996
- D. Stroger Hospital Non-Medical Staff Privileging Matters

The Committee did not recess into a closed meeting.

VI. Adjourn

As the agenda was exhausted, Chair Gugenheim declared the meeting
ADJOURNED.

Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Ada Mary Gugenheim, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/follow-up:

- Follow-up: A recommendation was made for the Board to spend time at the September 28th Board Meeting to review and discuss the Regulatory Update presentation. Page 1
- Follow-up: Follow-up was indicated regarding the question of whether root cause analyses are done when safety events like falls with injury occur. Page 2
- Request: A request was made to receive information on the organization's response when safety events occur (root cause analysis and outcome, corrective action taken). Page 2
- Follow-up: Regarding the draft dashboard of metrics, the measure on Depression Screening Referral Management will be revised to a more reader-friendly version. Page 2
- Request: A request was made to receive deep dive presentations into the major quality initiatives of the different clinical departments and other areas. It was recommended that a schedule and plan for the year be developed for those presentations. Page 2
- Request: A request was made for the Committee to receive minutes of the meetings of the hospitals' internal quality committees. Page 2
- Request: A request was made for the Committee to regularly receive reports of quality indicators for the correctional area. Page 2
- Follow-up: A recommendation was made that the Committee continue to monitor the status of matters that emerged from TJC survey until the Committee sees the progress needed to meet compliance. Page 2

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
September 21, 2018

ATTACHMENT #1



COOK COUNTY HEALTH & HOSPITALS SYSTEM

CCHHS Board of Directors
Quality and Patient Safety Committee
Regulatory Update

September 21, 2018

Ron Wyatt, MD, MHA, Chief Quality Officer



Stroger Hospital and affiliated community health centers Joint Commission Survey

- August 28 – August 31; 8 surveyors + 3 observers
- Process:
 - Tracers: arrive in clinical areas and request to review a specific patient; may trace ‘backwards’ historically
 - Visited: Peds/OB, OR and SPD, Trauma Unit, ICUs, Radiology, Med/Surg wards, ER, Kitchen, Laboratory, procedure areas, Stroger Specialty Care Center Clinics, Oak Forest, CORE, Austin, General Medicine Clinic, Cottage Grove, Robbins, Near South, Prieto
 - Special Sessions: Emergency Management/EOC, Infection Control, Medication Management, Human Resources Data/Performance Improvement, Medical Staff/Credentialing, Leadership



Organizational Strengths

- “Physician Leadership and engagement is apparent throughout the organization”.
- Primary Care Medical Homes program “exceptional”, and Self Management Goals “a best practice”.
- Air pressures “fantastic”
- “The mission is living and breathing in the Emergency Department”
- OB/GYN, Perinatal and Pediatrics “doing a phenomenal job”



Summary of Standard Findings

Chapter	Findings
Environment of Care	Uncovered Linen, Eyewash station Improperly installed, Fire Drill Frequency, Fire extinguisher inspections, Kitchen Suppression System Testing, Improper Use of Alcohol Based Prep Solution, Stained Ceiling Tiles, Electrical Panel labeling and Corridor Clutter
Infection Control	Pharmacy Compound Room Cleaning, Testing Cidex OPA Strips and Expired supplies in Medication Refrigerator
Life Safety	Room Improperly Designated as a Hazardous Area, Blocked OR Exit Door, Storage in Corridors, Fire Door Gaps and Doors not Latching, No Exit Signs, Smoke Penetrations



Summary of Standard Findings

Chapter	Findings
Medication Management	No expiration date on open vial, Inaccurate Medication order
National Patient Safety Goals	Risk Assessment Documentation
Provision of Care	Lack of Referrals, Substance abuse assessments, Plan of Care
Rights and Responsibilities	Informed Consent documentation



Condition of Participation

Specifics	Correction Plan
Fire Door Testing Failure	Fire Doors are being repaired. Interim Life Safety Measures are in place. A Fire Watch will occur on an hourly basis until all doors are repaired. Surveyor to return for follow-up visit within 45 days.



Post Survey Process

Clarification Process
*3 citations removed;
5 updated to correct
location*

Unannounced Survey
to address Conditional
finding within 45 days
up to October 15, 2018

Evidence of Standards
Compliance Due
October 5, 2018



Overall Plan of Correction

- **Repair doors** for follow-up survey related to Conditional findings
- **Ongoing meetings** to implement corrective action plans for all standard citations.
- **Weekly meetings** to drive overall progress.
- **Final Evidence of Standards Compliance (ESC) submissions** to TJC (due 10/5/2018) and 10/18/2018)



Organizational Response

- Ron Wyatt, MD – overall system response
- Sonya Watkins – regulatory content expertise, overall management of corrective action plans and submission.
- Stroger Key Leaders- responsible for developing, implementing and monitoring corrective action plans.
- TJC Core Team- weekly monitoring of corrective action plans.
- Stroger TJC Oversight Committee- monitor overall survey progress on a monthly basis.



Thank You



Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
September 21, 2018

ATTACHMENT #2



COOK COUNTY HEALTH & HOSPITALS SYSTEM

CCHHS Board of Directors Quality and Patient Safety Committee Dashboard Overview

21 September 2018

Ronald Wyatt, MD, Chief Quality Officer



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Quality – Stroger

CCHHS QPS Committee Dashboard															
Data as of 9/13/2018	CY2017						CY2018							TARGET	VARIANCE *
PERFORMANCE MEASURES	Q3 2017			Q4 2017			Q1 2018			Q2 2018			Q3 2018		
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		
Stroger															
<i>Core Measures</i>															
Venous Thromboembolism (VTE) Prevention Only (%)	85**	85**	86**	86**	86**	88**	86**	87**	87**	87**	90**	86**	89**	99	-10%
Care for Stroke Patients (%)	94	97	93	90	92	98	90	93	99	99	98	96	96	100	-4%
Influenza Vaccination (%)	**N/S	**N/S	**N/S	43	66	58	58	78	85	**N/S	**N/S	**N/S	**N/S	90	-5%
<i>Efficiency - Operating Room</i>															
Surgery Begins at Scheduled Time (%)	72***	66***	59***	63***	66***	65***	68***	67***	55***	63***	63***	64***	61***	80	-19%
OR Room Turn Around Time (minutes)	55***	61***	69***	69***	65***	65***	62***	64***	63***	68***	62***	65***	67***	30	123%

LEGEND

* Data represents automated collection

** VTE reported from Qtrly eCQM

**** Under Revision

***OR Times revised data collection

**** Pt Experience revised 6mo data collection

* Variance is target to recent month

* N/S: Not Sufficient data collected

**N/S: Pneumococcal no longer being measured



Quality – Provident

CCHHS QPS Committee Dashboard															
Data as of 9/13/2018	CY2017						CY2018							TARGET	VARIANCE *
PERFORMANCE MEASURES	Q3 2017			Q4 2017			Q1 2018			Q2 2018			Q3 2018		
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		
Provident															
<i>Core Measures</i>															
Venous Thromboembolism (VTE) Prevention Only (%)	96**	94**	95**	96**	100**	100**	100**	100**	100**	98**	100**	100**	100**	99	1%
Influenza Vaccinations (%)	** N/S	**N/S	**N/S	97	100	95	95	97	100	**N/S	**N/S	**N/S	**N/S	90	10%
<i>Efficiency - Operating Room</i>															
Surgery Begins at Scheduled Time (%)	91	85	84	79	87	73	74	74	81	90	84	91	74	80	-6%
OR Room Turn Around Time (minutes)														30	

LEGEND	
* Data represents automated collection	
** VTE reported from Qtrly eCQM	
**** Under Revision	
***OR Times revised data collection	
**** Pt Experience revised 6mo data collection	
* Variance is target to recent month	
* N/S: Not Sufficient data collected	
**N/S: Pneumococcal no longer being measured	



Safety – Stroger

CCHHS QPS Committee Dashboard															
Data as of 9/13/2018	CY2017						CY2018							TARGET	VARIANCE *
PERFORMANCE MEASURES	Q3 2017			Q4 2017			Q1 2018			Q2 2018			Q3 2018		
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		
Safety															
HAC: Pressure Ulcer Stages III & IV	4	4	7	3	3	5	8	1	2	5	2	2	1		
HAC: Falls with Injury	2	3	2	6	4	3	6	8	3	6	0	4	9		
HAI: CLABSI	0	1	0	0	0	0	2	1	1	0	1	0	2		
HAI: CAUTI	3	5	1	0	0	0	0	0	1	1	2	1	0		
HAI: C.difficile	0	8	5	6	4	2	6	4	2	6	11	4	5		
HAI: MRSA	0	1	0	1	0	0	2	0	2	0	0	0	0		
HAI: SSI	2	0	0	1	2	1	*****	*****	*****	*****	*****	*****	*****		

LEGEND
HAC: Hospital Acquired Conditions
HAI: Hospital Acquired Infections
HAI CLABSI: Central line-associated blood stream
HAI CAUTI: Catheter-associated urinary tract infections
HAI C.diff: Clostridium difficile Infection (CDI)
HAI MRSA: Methicillin Resistant Staphylococcus aureus
HAI SSI: Surgical Site Infection



Patient Experience – Stroger

CCHHS QPS Committee Dashboard															
Data as of 9/13/2018	CY2017						CY2018							TARGET	VARIANCE *
PERFORMANCE MEASURES	Q3 2017			Q4 2017			Q1 2018			Q2 2018			Q3 2018		
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		
Patient Experience															
Willing to Recommend Hosp (% top box)	71	73	68	63	69	63	67	61	76	70	73	68	68	85	-17%
Communication with Doctors (% top box)	84	86	81	82	78	79	82	80	86	80	79	82	78	88	-10%
Communication with Nurses (% top box)	71	70	68	70	59	64	63	65	73	68	65	64	63	86	-23%
Cleanliness (% top box)	51	55	48	55	49	51	59	56	63	43	60	59	55	77	-22%

LEGEND

**** Pt Experience revised 6mo data collection

* Variance is target to recent month

* N/S: Not Sufficient data collected



Patient Experience – Provident

CCHHS QPS Committee Dashboard														
Data as of 9/13/2018	CY2017						CY2018							
PERFORMANCE MEASURES	Q3 2017			Q4 2017			Q1 2018			Q2 2018			Q3 2018	TARGET
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	VARIANCE *
Patient Experience														
Willing to Recommend Hosp (% top box)			71****						67****				N/S	85
Communication with Doctors (% top box)			85****						83****				N/S	88
Communication with Nurses (% top box)			81****						71****				N/S	86
Cleanliness (% top box)			63****						72****				N/S	77

LEGEND

**** Pt Experience revised 6mo data collection

* Variance is target to recent month

* N/S: Not Sufficient data collected



ACHN

CCHHS QPS Committee Dashboard															
Data as of 9/13/2018	CY2017						CY2018							TARGET	VARIANCE *
PERFORMANCE MEASURES	Q3 2017			Q4 2017			Q1 2018			Q2 2018			Q3 2018		
	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul		
ACHN															
<i>HEDIS Measures</i>															
Lead Screening Status in Children at 2 years	73	68	72	62	59	48	70	72	61	60	58	63	59	80	-21%
Well Child Visits first 15 months	55	42	36	31	18	27	39	39	31	40	37	36	34	75	-41%
Immunizations: Up to date in children at 24 months	81	76	80	79	81	73	42*	37*	30*	37*	30*	30*	36	77	-41%
Diabetes Control % with Hgb A1C >9%	77	76	77	77	78	77	36*	36*	37*	38*	38*	39*	39*	35	-4%
Diabetes - Annual Retinal Eye Exam	32	31	30	30	29	29	33	35	35	35	34	33	33	63	-30%
Diabetes - Annual Nephropathy Screen	86	86	84	83	83	81	90	90	89	88	88	87	86	85	1%
<i>Patient Experience</i>															
Moving Through Visit (mean)	65	66	68	68	72	67	70	70	67	66	69	66	71	75	-4%
Telephone Access (mean)	58	64	64	60	62	68	67	68	64	56	63	62	64	75	-11%
Cleanliness of Practice (mean)	84	87	86	88	88	84	87	85	85	82	82	88	85	77	8%

LEGEND

* Data is being reported from HEDIS Data



Board Quality Dashboard

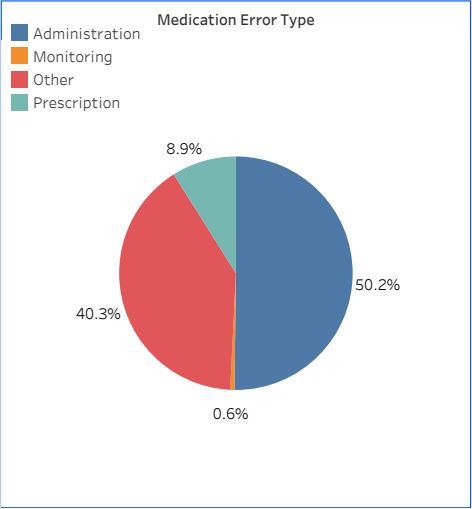
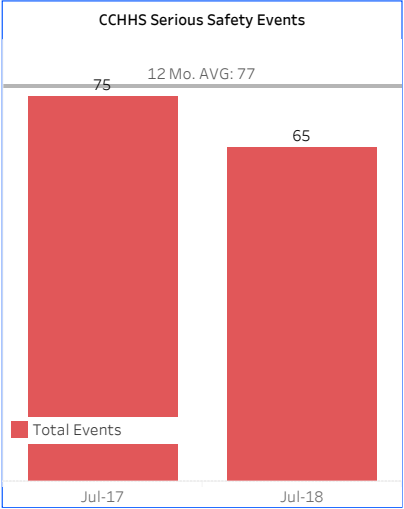
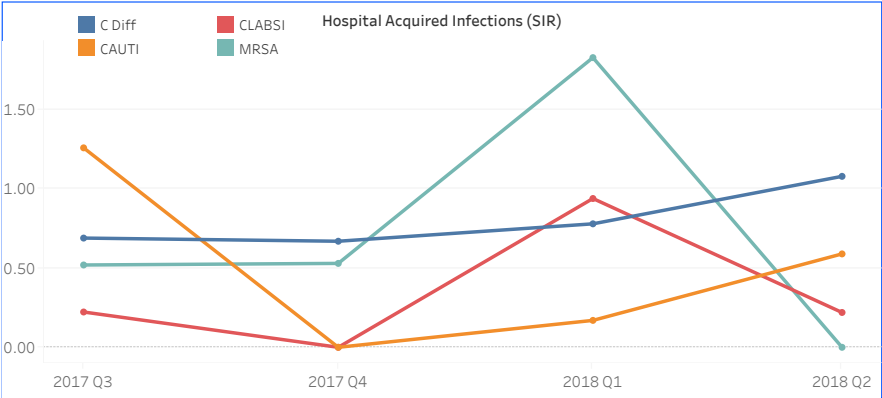
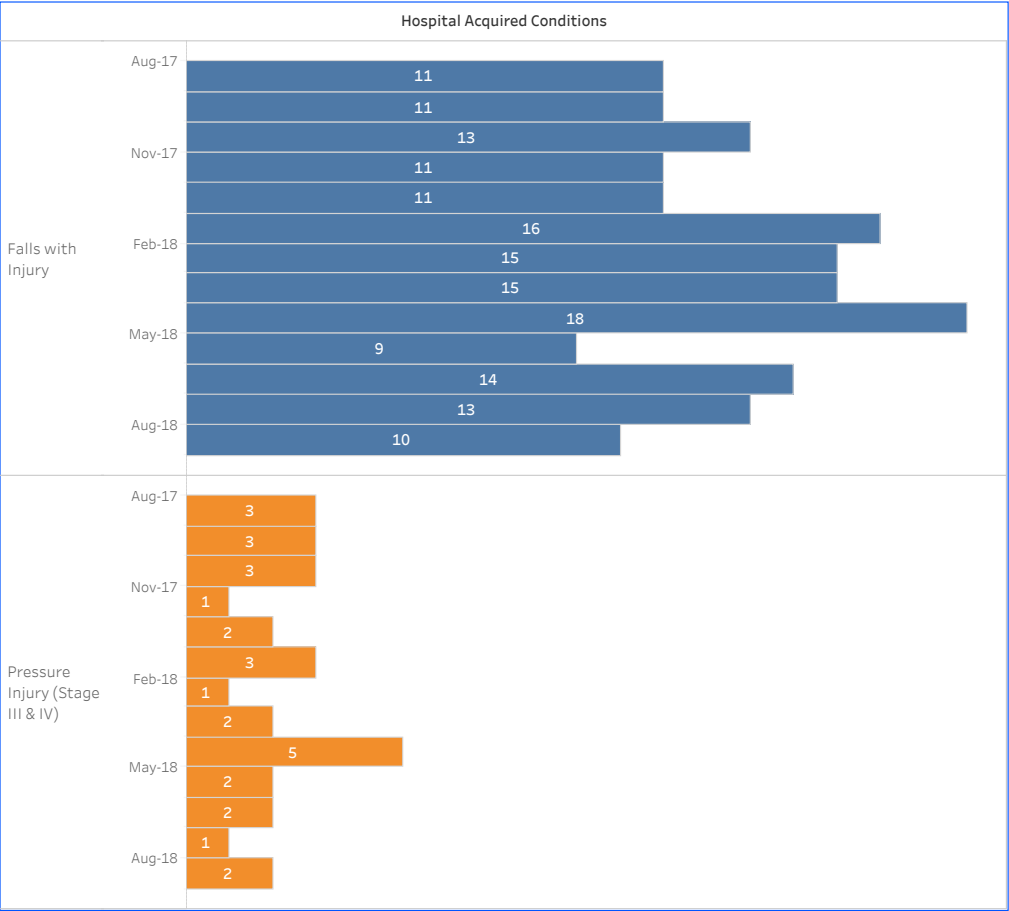
CCHHS QPS Committee Dashboard	CCHHS Board Metrics - Quality							
Data as of 9/13/2018							TARGET	VARIANCE*
PERFORMANCE MEASURES	CY2017			CY2018				
	2Q17	3Q17	4Q17	1Q18	2Q18	3Q18		
						July		
Stroger								
Core Measures	Monthly Composite							
Venous Thromboembolism (VTE) Prevention Only (%)	84**	85**	86**	87**	88**	89**	99%	-11%
Efficiency - Operating Room	Monthly %							
Surgery Begins at the Scheduled Time (%)	72***	66***	65***	63***	63***	61***	80%	-17%
Safety	Total # of Events							
Events: Ulcers, Falls, CLABSI, CAUTI, C. diff, MRSA and SSI	49	48	41	49	45	17		
Patient Experience								
Willing to Recommend Hosp (% top box)	72	70	67	68	70	68	85%	-15%
Provident								
Core Measures								
Venous Thromboembolism (VTE) Prevention Only (%)	96**	94**	99**	100**	99**	100**	99%	0%
Efficiency - Operating Room	Monthly %							
Surgery Begins at the Scheduled Time (%)	85	87	80	76	88	74	80%	8%
Patient Experience								
Willing to Recommend Hosp (% top box)	55****	71****		67****		N/S	85%	-18%
ACHN								
Diabetes Control % with Hgb A1C >9%	73	78	77	36	38*	39*	35%	-3%
Patient Experience: Moving Through Visit (mean)	68	68	69	69	67	71	75%	-8%
Patient Experience: Telephone Access (mean)	63	62	63	66	60	64	75%	-15%
Cleanliness of Practice (mean)	84	86	87	86	84	85	77%	7%

LEGEND

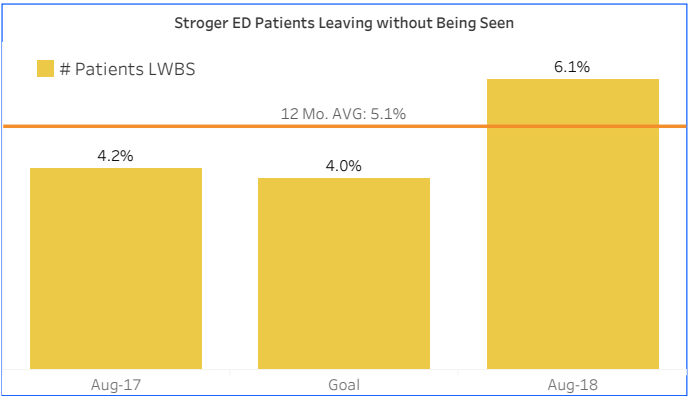
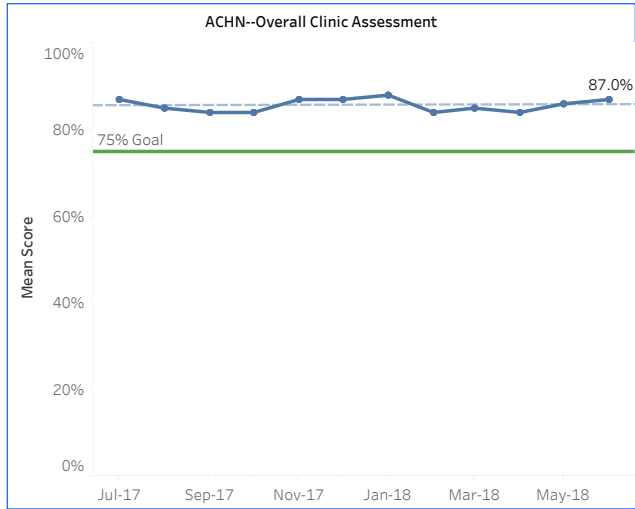
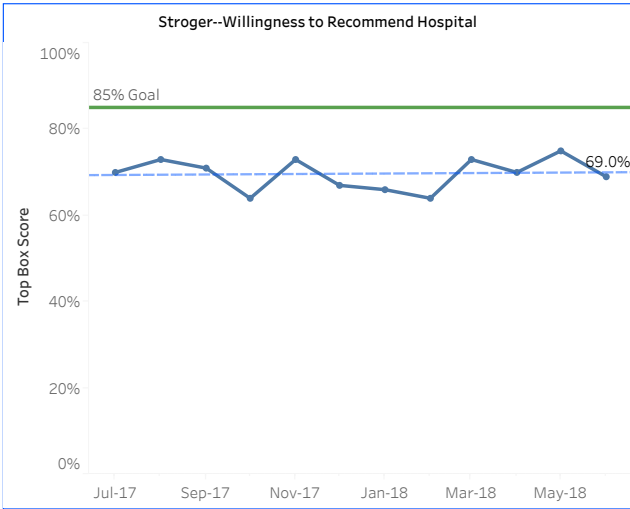
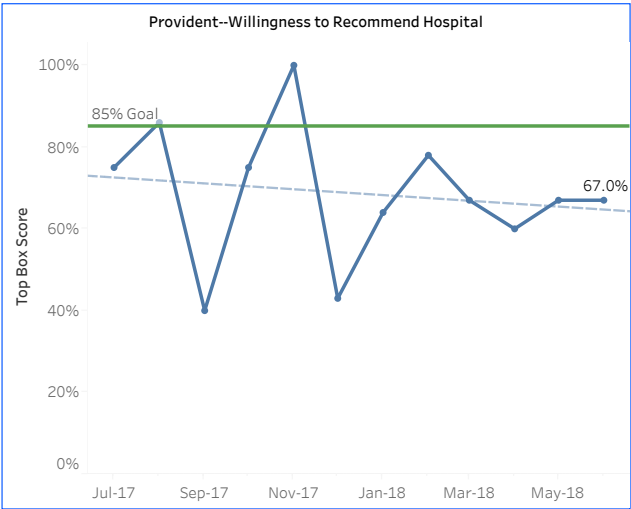
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Patient Safety

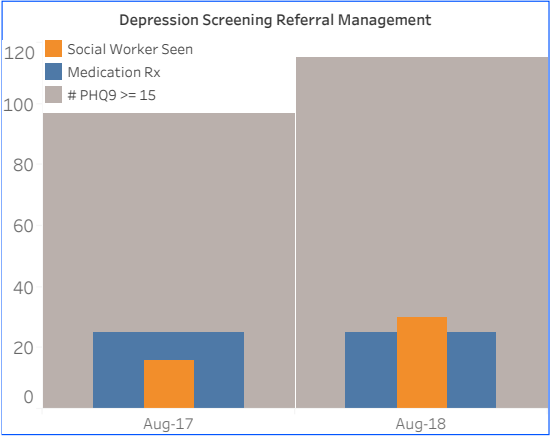
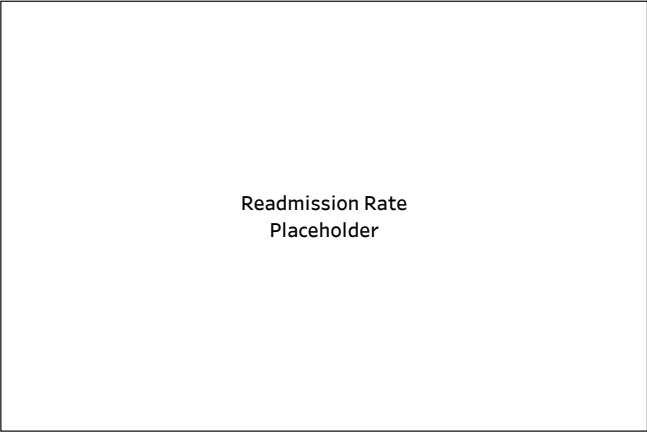
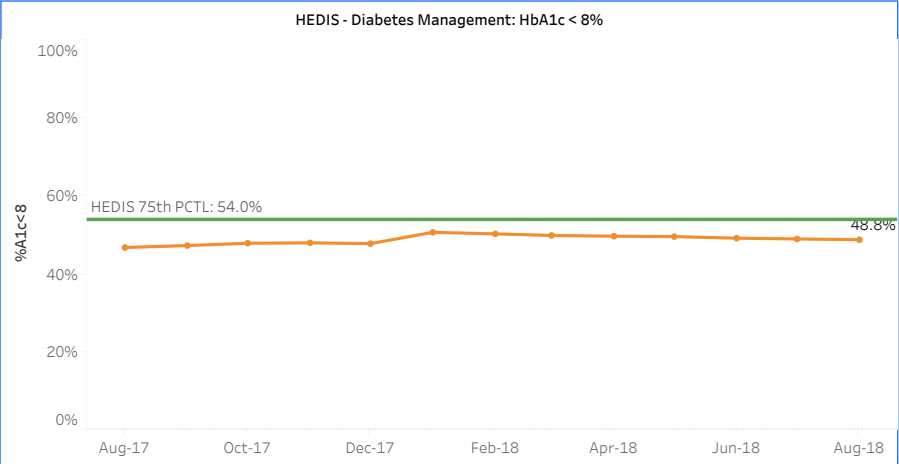
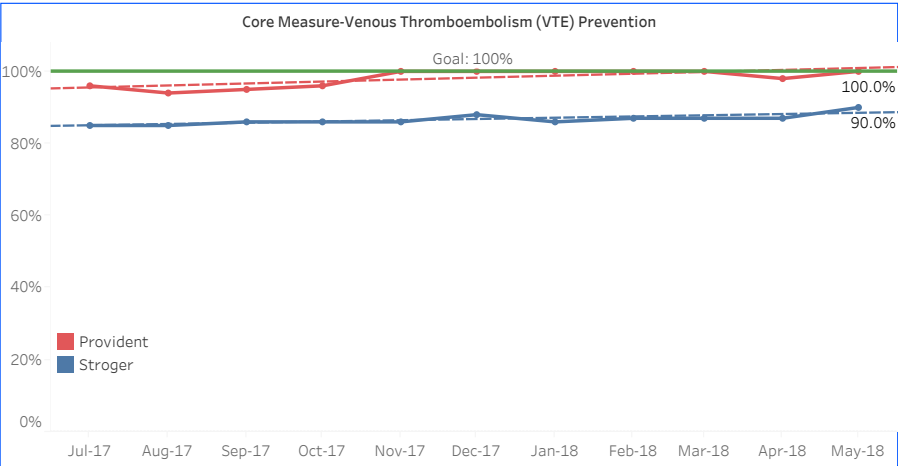


Operations



Surgery First Case on Time Starts
Placeholder

Health Outcomes



Quality Dashboard Metrics

Measure Type	Measure Name	Reasoning	Measure Definition	Source
ACHN	HEDIS-Diabetes A1c	Strategic Plan	Adults ages 18-75 with diabetes (type 1 or type 2) where HbA1c is in control <8.0%. Will change to be <7.0%.	CDC, NCQA, HEDIS
Behavioral Health—ACHN	PHQ 9 Depression Screening	Strategic Plan/Behavioral Health	The percentage of members 12 years of age and older who were screened for clinical depression using a standardized tool and, if screened positive, who received follow-up care either with a social worker visit or medication prescription	NCQA, HEDIS
Emergency Dept--Stroger	Patients Left without Being Seen	Patient Throughput for ED	Percentage of patients who left the emergency department before being seen	CMS
Inpatient	Core Measures-Influenza Vaccination (seasonal)	TJC Requirement	Timely & effective care- Preventive care: Patients assessed and given influenza vaccination	CMS
Inpatient	Core Measures-VTE 1 & 2	CMS, TJC	Percentage of surgical patients aged 18 years and older undergoing procedures for which venous thromboembolism (VTE) prophylaxis is indicated in all patients, who had an order for Low Molecular Weight Heparin (LMWH), Low- Dose Unfractionated Heparin (LDUH), adjusted-dose warfarin, fondaparinux or mechanical prophylaxis to be given within 24 hours prior to incision time or within 24 hours after surgery end time	CMS
Inpatient--Stroger	HAI- CAUTI	CMS/TJC	Catheter-associated urinary tract infections (CAUTI) greater than 48 hours after admission	CMS
Inpatient--Stroger	HAI-C-DIFF	CMS/TJC	Clostridium difficile (C.diff.) intestinal infections greater than 48 hours after admission	CMS
Inpatient--Stroger	HAI-CLABSI	CMS/TJC	Central line-associated bloodstream infections (CLABSI) greater than 48 hours after admission	CMS

Measure Type	Measure Name	Reasoning	Measure Definition	Source
Inpatient--Stroger	HAI-MRSA	CMS/TJC	Methicillin-resistant Staphylococcus Aureus (MRSA) blood infections greater than 48 hours after admission	CMS
Inpatient--Stroger	HAPI	CMS/TJC	Stage III or IV pressure ulcers or unstageable	CMS, AHRQ
Inpatient	Risk- Adjusted Mortality Rate	CMS	Adjustment for case mix differences and service mix differences	CMS
Inpatient	Readmissions	CMS	The readmission measures are estimates of unplanned readmission to an acute care hospital in the 30 days after discharge from a hospitalization. Patients may have had an unplanned readmission for any reason.	CMS
Patient Safety-System-wide	Safety- Falls with Injury	CMS,AHRQ,TJC	A patient fall is an unplanned descent to the floor (or extension of the floor, e.g., trash can or other equipment) with or without injury to the patient	TJC, NDNQI
Patient Safety-System-wide	Safety- Serious safety events	CMS/TJC	A Safety Event is a situation where best or expected practice does not occur. If this is followed by serious harm to a patient, then we call it a "Serious Safety Event (SSE) With harm score 6,7,8 &9.	TJC
Patient Safety-System-wide	Safety-Med Errors	TJC	Medical events that are related to medication and/or medication related issues	TJC
Patient Satisfaction-Stroger/Provident	IP-Willingness to Recommend Hospital	TJC	The likelihood that a patient will recommend a hospital to family members and friends.	Press Ganey
Patient Satisfaction-ACHN	OP-Overall Assessment	CMS/Funding	Overall score for the service a patient received or has experienced	Press Ganey
Surgical Services--Stroger	% of First Cases Start on Time	CMS/Operations	Performance improvement project to increase the % of first surgical cases starting on time	

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
September 21, 2018

ATTACHMENT #3

Meeting of the Cook County Health and Hospitals System

September 21, 2018

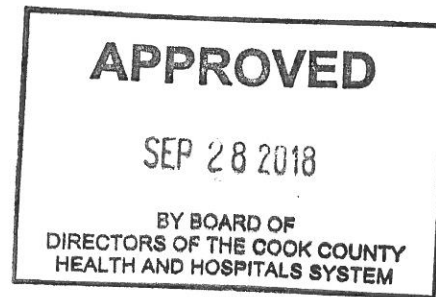
Back-Up Material for Item No. ,

Appointment of Stroger Hospital Department Chairs and Division Chairs

Respectfully requesting approval of the following:

Initial appointment of the following individuals as Division Chairs of the Medical Staff of the John H. Stroger, Jr. Hospital of Cook County:

Name	Department/Appt Term	Title
Victoria Alagiozian-Angelova, MD	Pathology 07/27/2018 – 07/26/2020	Division Chair of Hematopathology



Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
September 21, 2018

ATTACHMENT #4



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Medical Staff Services
1900 West Polk Street, Suite 1201
Chicago, Illinois 60612
(O) 312-864-0458 (F) 312-864-9658
www.cookcountyhhs.org

Toni Preckwinkle
President

Cook County Board of
Commissioners

John Jay Shannon, MD
Chief Executive Officer
Cook County Health &
Hospitals System

Board Members

M. Hill Hammock
Chairman

Commissioner Jerry Butler
Vice Chairman

Virginia Bishop, MD, MPH

Mary Driscoll, RN, MPH

Ada Mary Gugenheim

Emilie N. Junge

David Ernesto Munar

Robert G. Reiter, Jr.

Mary B. Richardson-Lowry

Layla P. Suleiman Gonzalez, PhD, JD

Sidney A. Thomas, MSW

Austin Health Center

Cernak Health Services

Children's Advocacy Center

Cicero Health Center

Ruth M. Rothstein
CORE Center

Cottage Grove Health Center

CountyCare Health Plan

Englewood Health Center

Logan Square Health Center

Morton East Adolescent
Health Center

Near South Health Center

Oak Forest Health Center

Dr. Jorge Prieto Health Center

Provident Hospital

Cook County Department
of Public Health

Robbins Health Center

John Sengstacke Health Center

John H. Stroger, Jr. Hospital

Vista Health Center

Woodlawn Health Center

Deb Santana
Secretary to the Board
Cook County Health & Hospitals System

Date: September 14, 2018

Dear Members of the Quality and Patient Safety Committee of the CCHHS
Board:

Please be advised that the Executive Medical Staff Committee of John H.
Stroger, Jr Hospital of Cook County at its monthly meeting held on
September 11, 2018, approved the attached list of medical staff items for
your consideration.

Thank you very much.

Respectfully submitted,

Trevor Lewis, MD
President, EMS

John H. Stroger, Jr. Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Trevor Lewis, MD
EMS President

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Executive Medical Staff Committee**.

Medical Staff Appointments/Reappointments Effective September 21, 2018 Subject to Approval by the CCHHS Quality and Patient Safety Committee.

Initial Applications Physicians:

Name	Category	Department / Division	Appointment Term
Butler, Caroline MD	Active	Trauma	September 21, 2018 through September 20, 2020
Hicks, Katherine E., MD	Voluntary	Surgery/Otolaryngology	September 21, 2018 through September 20, 2020
Humikowski, Catherine MD	Voluntary	Pediatrics/Critical Care Unit	September 21, 2018 through September 20, 2020
Davis, Carolyn MD	Active	OB/Gyn	September 21, 2018 through September 20, 2020
Doan, Laura MD	Active	Correctional Health/Med Surg	September 21, 2018 through September 20, 2020
Nikolaides, Jenna, MD	Voluntary	Emergency Medicine	September 21, 2018 through September 20, 2020
O'Brien, Betsy MD	Active	Psychiatry	September 21, 2018 through September 20, 2020
Shah, Biraj M., DDS	Active	Surgery/Oral & Maxillofacial	September 21, 2018 through September 20, 2020
Strohl, Anna MD	Active	OB/Gyn	September 21, 2018 through September 20, 2020

Initial Applications Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Anker, Lauren PsyD	Clinical Psychologists	Psychiatry	September 21, 2018 through September 20, 2020
Fernandez, Annie PsyD	Clinical Psychologists	Correctional Health Svcs/Psychiatry	September 21, 2018 through September 20, 2020
Heaslip, Patricia PA-C	Physician Assistant	Medicine/Infectious Disease	September 21, 2018 through September 20, 2020

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON SEPTEMBER 21, 2018

Reappointment Applications Physicians:

Department of Anesthesiology:

Name	Category	Division	Reappointment Term
Akintorin, Abayomi MD	Active	Pediatric Anesthesia	October 05, 2018 through October 04, 2020
Hosseini, Mohammad MD	Affiliate		October 19, 2018 through October 18, 2020
Johnson, Kimberly MD	Affiliate		October 19, 2018 through October 18, 2020
Kirby, Marlon MD	Affiliate		October 19, 2018 through October 18, 2020
Waghray-Pennetcha, Taruna MD	Active	Pain Mgmt	October 19, 2018 through October 18, 2020

Department of Correctional Health:

Name	Category	Division	Reappointment Term
McNeal, Jenea MD	Active	Psychiatry	November 15, 2018 through November 14, 2020

Department of Emergency Medicine:

Name	Category	Division	Reappointment Term
Aks, Steven DO	Active		October 21, 2018 through October 20, 2020
Bryant, Sean MD	Active		October 20, 2018 through October 19, 2020
Moskoff, Jordan MD	Active		October 18, 2018 through October 17, 2020

Department of Family Medicine:

Name	Category	Division	Reappointment Term
Azmat, Awaiz MD	Active		October 16, 2018 through October 15, 2020
Munoz-Medina, Lucy MD	Active		October 18, 2018 through October 17, 2020

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ON SEPTEMBER 21, 2018

Department of Medicine:

Name	Category	Division	Reappointment Term
Cohen, Mardge H., MD	Honorary	General Medicine	September 21, 2018 through September 20, 2020
Lin, Michael, MD	Voluntary	Infectious Disease	November 28, 2018 through November 27, 2020
Mathew, Suja, MD	Active	General Medicine	October 17, 2018 through October 16, 2020
Mohiuddin, Resham, MD	Active	General Medicine	October 16, 2018 through October 15, 2020
Norlock, Frances, DO	Active	General Medicine	October 27, 2018 through October 26, 2020
Pierko, Krzysztof, MD	Active	Hospital Medicine	October 16, 2018 through October 15, 2020
Polyakova, Elina, MD	Active	Hospital Medicine	November 16, 2018 through November 15, 2020
Saksena, Frank, MD	Honorary	Cardiology	October 21, 2018 through October 20, 2020
Sonenthal, Kathy R., MD	Voluntary	PCCM	October 17, 2018 through October 16, 2020
Williams Brett, MD	Voluntary	Infectious Disease	October 28, 2018 through October 27, 2020

Department of Oral Health:

Name	Category	Division	Reappointment Term
Caldwell, Kahina DMD	Active		October 18, 2018 through October 17, 2020

Department of Pathology:

Name	Category	Division	Reappointment Term
Manosca, Frances MD	Active	Anatomic Pathology	October 28, 2018 through October 27, 2020

Department of Pediatrics:

Name	Category	Division	Reappointment Term
Boyer, Kenneth MD	Consulting	Peds Medicine	September 28, 2018 through September 27, 2020
Marshall Jacqueline MD	Active	Peds Medicine	September 23, 2018 through September 22, 2020

Department of Radiology:

Name	Category	Division	Reappointment Term
Ree, Alexander MD	Active		October 28, 2018 through October 27, 2020
Rezai, Pedram MD	Active		October 18, 2018 through October 17, 2020

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ON SEPTEMBER 21, 2018

Department of Surgery:

Name	Category	Division	Reappointment Term
Becker, Norbert M., MD	Consulting	Ophthalmology	October 28, 2018 through October 27, 2020
Crowley, Richard W., MD	Consulting	Neurosurgery	October 18, 2018 through October 17, 2020
Godsel, Mark E., DPM	Active	Podiatry	October 28, 2018 through October 27, 2020
LaVeau, Robert J., DPM	Active	Podiatry	September 23, 2018 through September 22, 2020
Patel, Kevin, MD	Consulting	Ophthalmology	October 18, 2018 through October 17, 2020
Prieto, Jorge J., MD	Active	Orthopaedic	October 27, 2018 through October 26, 2020
Richter, Harry M., MD	Active	General Surgery	October 28, 2018 through October 27, 2020
Sani, Sepehr, MD	Voluntary	Neurosurgery	October 18, 2018 through October 17, 2020
Ukoha, Ozuru O., MD	Active	Cardiothoracic	October 28, 2018 through October 27, 2020

Renewal of Privileges for Non-Medical Staff:

Name	Category	Department/ Division	Appointment Term
Hoyos, Patricia, Psy.D.	Clinical Psychologist	Psychiatry	October 27, 2018 through October 26, 2020
Marks, Irene CNP	Nurse Practitioner	OB/Gyn	Inactivate due to no clinical activity.
McGee, Natalia, CNP	Nurse Practitioner	Medicine/General Medicine	October 18, 2018 through October 17, 2020
Patel, Vandana CNP	Nurse Practitioner	Pediatrics	October 17, 2018 through October 16, 2028

Agreements Changes/Additions:

Name	Category	Department / Division
Madubuko, Adaku CNS	Certified Nurse Specialist	Medicine/Neurology

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON SEPTEMBER 21, 2018



Toni Preckwinkle
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John H. Stroger, Jr. Hospital

Vista Health Center

Woodlawn Health Center

Deborah Santana
CCHHS Secretary to the Board
1900 W. Polk Street, Room 211
Chicago, IL 60612

September 7, 2018

Dear Members of the Quality and Patient Safety Committee:

Please be advised that at the Provident Hospital Medical Executive Committee Meeting held on September 7, 2018 the Medical Executive Committee recommended the actions on the enclosed list. It is being presented to you for your consideration.

Respectfully,

Marlon Kirby, MD
Provident Hospital of Cook County
Vice President, Medical Staff
Presiding Chair, Medical Executive Committee

Provident Hospital of Cook County



TO: Quality and Patient Safety Committee

FROM: Marlon Kirby, MD
Vice President, Medical Executive Committee

SUBJECT: Medical Staff Appointments and Other Business Recommended by the **Medical Executive Committee** on 9/7/2018

Medical Staff Appointments/Reappointments Effective September 21, 2018 Subject to Approval by the CCHHS Quality and Patient Safety Committee.

New Business

Initial Physician Appointment Applications:			
Name	Category	Department / Specialty	Appointment Term
Dharmapuri, Sadhana, MD	Affiliate	Pediatrics/Adolescent Medicine	September 21, 2018 thru September 20, 2020
Harper, Terence, MD	Consulting	Pathology/Autopsy	September 21, 2018 thru September 20, 2020
Kacey, Daniel J., MD	Affiliate	General Surgery	September 23, 2018 thru September 22, 2020
Muthusamy, Kavitha, MD	Affiliate	Internal Medicine	September 21, 2018 thru September 20, 2020

Reappointment Applications Physicians:			
Department of Emergency Medicine:			
Name	Category	Department/Specialty	Appointment Term
Allegretti, Paul, DO	Active	Emergency Medicine	October 19, 2018 thru October 18, 2020
Department of Family Medicine:			
Name	Category	Department/Specialty	Appointment Term
Azmat, Awaits, MD	Active	Family Medicine	October 16, 2018 thru October 15, 2020

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ON SEPTEMBER 21, 2018

Department of Internal Medicine:

Name	Category	Department/Specialty	Appointment Term
Gueret, Renaud, MD	Affiliate	Pulmonary	October 27, 2018 thru October 26, 2020

Department of Radiology:

Name	Category	Department/Specialty	Appointment Term
Ree, Alexander, MD	Affiliate	Radiology	October 28, 2018 thru October 27, 2020
Rezai, Pedra, MD	Affiliate	Radiology	October 18, 2018 thru October 17, 2020

Department of Surgery:

Name	Category	Department/Specialty	Appointment Term
Giovingo, Michael C., MD	Affiliate	Ophthalmology	October 28, 2018 thru October 27, 2020

Provisional to Full:

Name	Department	Category	Recommendation
Apushkin, Michael, MD	Radiology	Affiliate	Approved
Atty, Corinne, DO	Radiology	Affiliate	Approved
Bugeag, Ionut, MD	Radiology	Affiliate	Approved
Feng, Chun, MD	Radiology	Affiliate	Approved
Keen, John, MD	Radiology	Affiliate	Approved
Kopulos, Luke, MD	Radiology	Affiliate	Approved
Trepashko, Donald, MD	Radiology	Affiliate	Approved

Additional Privileges:

Name	Department	Category	Discussion	Recommendation
Akintorin, Mopelola, MD	Pediatrics	Active	Adding Clinical Privileges	Approved

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BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON SEPTEMBER 21, 2018